multiple conventional cardiovascular risk factors which synergistically accelerated atherosclerosis. It is very important to detect and treat vulnerable plaque.
Implication to clinical practice: Rapid progression of atherosclerosis is mentioned in literature. But in our case such a rapid progression of CAD from plaque to 90% stenosis of proximal LAD within 3 months despite aggressive medical management is really eye opener. Vulnerability of plaque may be the other issue. It shows growing interest in the possibility that identification and treatment of vulnerable plaque can enhance the progress made against coronary artery disease.

Early prognosis of unstable angina patients with positive *Helicobacter pylori* IgG values

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Background: Coronary atherosclerosis has been proven to be a chronic inflammatory disorder and various infectious agents like *Helicobacter pylori* have been proposed to be playing important role in initiation and progression of the atherosclerotic lesions. Epidemiological studies have shown increased prevalence of cardiovascular diseases in patients with serological evidence of infection by intracellular pathogens such as cytomegalovirus, herpes simplex virus, *Chlamydia pneumoniae* and *H. pylori* among many pathogens.
Aim: To study the prognosis of the unstable angina patients who have positive *H. pylori* IgG values after following for a period of 30 days.
Materials and methods: Patients with the clinical and the ECG features suggestive of unstable angina admitted at the Kasturba Medical college hospitals who were positive for *H. pylori* IgG values were followed up for a period of 30 days. These were study subjects. Controls had unstable angina and negative *H. pylori* IgG values. Study was carried out over 1 year.
Results and data analysis: There were a total of 46 cases and 40 controls in the study. The mean age among the cases was 56.50 years (SD 10.72 years) and 57.2 years (SD 10.48 years) in controls. Fisher's exact test and one way ANOVA were used to compare distribution of risk factors and outcomes. There was no significant difference in the distribution of risk factors for coronary artery disease among two groups. ESR values and total leukocyte counts of the cases were higher. There was no significant difference in the outcome among the cases compared to the controls in any of the study end points. Analysis showed significant difference in the ESR values and total leukocyte counts of the cases and that of the controls probably indicating probably of the contribution of infection in pathogenesis of unstable angina.
Conclusions: The early prognosis of the patients of unstable angina with positive *H. pylori* IgG values is not significantly different from those with negative *H. pylori* IgG values.

Coronary angiographic profile of patients of ischemic heart disease admitted in a tertiary care hospital

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Background: Coronary artery disease is rising exponentially in India particularly in younger population with more extensive angiographic involvement with contributed genetic, metabolic, conventional and nonconventional risk factors. Data on ischemic heart disease in our country is scanty. The objective of this study was to represents the clinical profile, prevalence of risk factors and distribution of coronary artery stenosis in acute coronary syndrome (ACS) patients and also stable coronary heart disease (CHD) patients admitted in the department of cardiology, Medical College, Kolkata.
Materials and methods: A total of 100 (one hundred) patients admitted in a tertiary care center, presenting with features of ischemic heart disease in one year period (August 2014–July 2015) were included in the study. Both Chronic stable angina and ACS patients were enrolled. Standard guidelines were followed for selection of patients for coronary angiography. Detailed clinical history including conventional risk factors, clinical examinations, echocardiography, ECG, routine blood biochemistry and lipid profile were done in all patients. Statistical analysis done using statistical calculators.
Results: Among 100 patients 71 were male with average age of 52.93 ± 8.54 years and average ischemic time of 9.6 h. 60% of all male patients were smoker, 46% hypertensive and 22% were diabetic. Average age of 29 female patients were 52.74 ± 9.33 with average ischemic time of 12.8 h. 33% female patient had hypertension and 16% patients had diabetes. Unstable angina was diagnosed in 25% patients, ST elevation ACS in 55% patients, non ST elevation ACS in 10% cases and 10% cases had chronic stable angina. 18% cases had triple vessel disease, 25% had double vessel disease, 49% had single vessel disease (SVD) and remaining 8% cases had micro vascular disease. Among patients with SVD, 68% had left anterior descending artery involvement, 20% had right coronary artery involvement and remaining 12% had left circumflex involvement.
Conclusion: In our study SVD was the most common type of CAD. Smoking is the most common risk factor. Average ischemic time in female is significantly higher than male. Rate of treatment option by PCI (average syntax score 11), CABG (average syntax score 32) and OMT are almost similar considering the syntax score and standard treatment protocol.

Relevance of apolipoproteins levels in 4232 patients of coronary artery disease with normal lipid profile

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Introduction: Although abnormal serum lipid profile has been considered to be an important risk factor for development of coronary artery disease (CAD), there are significant number of patients who have normal lipid profile and yet develop CAD. Recently apolipoproteins B, apolipoproteins A and their ratio have been shown to be better predictor of risk of developing CAD as compared to conventional Lipid profile.
Objective: The aim of this study was to assess the levels of apolipoproteins B and A in patients of CAD with normal lipid profile on lipid lowering therapy.
Materials and methods: A one year cross sectional study on 4232 patients admitted in KLES Dr. PKH and MRC, Belgaum with history suggestive of ischemic heart disease. Routine investigations including conventional lipid profile, apo B and apo A levels and coronary angiography were done for all.
Results: Out of 4232 patients with history of CAD 3724 (88%) had abnormal apo B/apo A ratio. In these patients normal coronaries were seen in 381 patients whereas 3343 had CAD on angiography. Out of patients with normal total cholesterol levels (<200 mg%),